Iowa Statewide Emergency Solutions Grant (ESG) Program

LANDLORD AGREEMENT for RENTAL ASSISTANCE

This Landlord Agreement confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (tenant’s name) is approved to rent property from me at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (street address, unit #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, state and zip). According to the tenant’s lease, rent is due on the \_\_\_\_\_\_\_\_\_\_ of each month. There is a grace period of \_\_\_\_\_\_\_\_\_\_\_\_ days. The late payment penalty is $\_\_\_\_\_\_\_\_\_\_\_\_\_. Monthly rent is $\_\_\_\_\_\_\_\_\_\_\_\_. Please list any amounts owed (rent, deposit, application fee) as of the expected move-in date:

Pro-Rate Rental Amount per Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ x # Days: \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of expected move-in).

Term of Agreement/Residency Period (dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility responsibilities for this rental unit are:

Electric : [ ] Tenant [ ] Landlord

Gas: [ ] Tenant [ ] Landlord

Water & Sewer: [ ] Tenant [ ] Landlord

Payment terms: [ ] Mail all checks to me at the address below [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that:

[ ] I am entering into this Landlord Agreement with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency name).

[ ] I am either the owner of the property named above or authorized to act on behalf of the owner.

[ ] I have submitted a signed W-9 form to the agency named above during the current calendar year.

[ ] I agree to accept funds from the agency named above towards the payment of the balance due which will guarantee residency for the period(s) noted above.

[ ] ***I agree that during the term of this agreement, I must give to the agency named above a written copy of any notice to the tenant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the tenant. [24 CFR 576.106(e).]***

[ ] This agreement will terminate if the tenant moves out, the lease terminates, or the tenant becomes ineligible for ESG assistance, and no further payments will be made.

Print Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_

Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (optional):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Agency Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note: The rental assistance agreement does not take the place of the lease, or vice versa.*